



City of Seattle
Department of Design,
Construction and Land Use

DCLU Side Sewer Program

Key Tower, 700 Fifth Ave, Suite 2000, Seattle, WA 98104-5070

Phone: (206) 684-5362 Fax: (206) 684-8113

Hours: M,W,F: 7:30-5:30 T,Th: 10:30-5:30

Website: www.cityofseattle.net/dclu/sidesewer

PERMIT APPLICATION

Side Sewer

Instructions: Complete form below and attach separate sheet/plans showing proposed work and required calculations.

Work Site Address: _____ **Zip:** _____

Work Activity Location: _____

☐ Single Family ☐ Duplex ☐ Multi-Family Only ☐ Commercial ☐ Industrial ☐ Institution

Description of Work: _____

WORK SITE OWNER/TENANT/CONTACT INFORMATION	CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Agent Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip _____	Contractor Company Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip _____

<input type="checkbox"/> Work is in Right-of- Way If in right-of-way, contractor must be registered with City of Seattle	<input type="checkbox"/> Repair - If Repair is selected, work will be completed: <input type="checkbox"/> On Private Property Only <input type="checkbox"/> In Public Area Only <input type="checkbox"/> In Public Area and On Private Property	<input type="checkbox"/> # of Lines Capped
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DRAINAGE SYSTEM <input type="checkbox"/> New System <input type="checkbox"/> Addition or Alteration <input type="checkbox"/> Temporary			
FLOW CONTROL TYPE	TREATMENT TYPE	DISCHARGE POINT	ADDITIONAL DRAINAGE INFORMATION
<input type="checkbox"/> Bio-Engineered <input type="checkbox"/> Detention Planter <input type="checkbox"/> Infiltration Facility <input type="checkbox"/> No Control <input type="checkbox"/> Detention Pipe <input type="checkbox"/> Surface Detention <input type="checkbox"/> Detention Vault	<input type="checkbox"/> No Treatment <input type="checkbox"/> Standard Treatment <input type="checkbox"/> High Use Treatment <input type="checkbox"/> High Use & Standard	<input type="checkbox"/> Combined System <input type="checkbox"/> Direct to Receiving Water <input type="checkbox"/> Ditch <input type="checkbox"/> On Site <input type="checkbox"/> Sanitary System (temp) <input type="checkbox"/> Public Storm Drain System <input type="checkbox"/> Weep Hole	Total Development Coverage <input type="text"/> sq ft New/Replaced Impervious Surface <input type="text"/> sq ft <input type="checkbox"/> Dewatering included in project Number of New Drainage Pumps <input type="text"/>

SANITARY SYSTEM <input type="checkbox"/> New System <input type="checkbox"/> Addition or Alteration <input type="checkbox"/> Temporary			
# of New Connections to Main	<input type="text"/>	# of Buildings with Residential Units	<input type="text"/>
# of New Connections to a Side Sewer	<input type="text"/>	New Building Footprint(s)	<input type="text"/> sq ft
		Total # of Residential Units	<input type="text"/>
		# of New Sanitary Pumps	<input type="text"/>
		# of New Residential Units	<input type="text"/>

KING CO. (METRO) REPORTING INFORMATION	
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Agent Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip _____	

DCLU USE ONLY:

Permit #: _____

Permit Fee: _____